

**Model Waiver II
Provider Type 41
907 KAR 1:595**

Information about the program:

- Provider must contact OIG for Home Health Agency survey.
- Out of state providers may not enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Provider must obtain a Certificate of Need.
- Program is a waiver of Home Health Agency.
- Provider can only enroll under a Medicare certified and Medicaid licensed Home Health Agency.
- Services must be provided through a Home Health Agency.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Medicare letter for Home Health Agency
- State license for Home Health Agency (current and reflecting requested enrollment date)
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602